

PART B - FEE(S) TRANSMITTAL

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24936 7590 10/28/2005
RALPH D CHABOT
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| | |
|------------------------|--------------------|
| Ralph D. Chabot | (Depositor's name) |
| <i>Ralph D. Chabot</i> | (Signature) |
| 01-17-2006 | (Date) |

01/17/2006 CNGUYEN1 00000092 10707046

| | |
|------------|-----------|
| 01 FC:2501 | 700.00 OP |
| 02 FC:1504 | 300.00 OP |

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|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/707,046 | 11/18/2003 | Tim The Nguyen | 6357-0301 | 1045 |

TITLE OF INVENTION: CUSTOMIZED ORTHOPEDIC SOLE-INSERT AND METHOD FOR MAKING

| | | | | | |
|-------------------|--------------|-----------|-----------------|------------------|------------|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$700 | \$300 | \$1000 | 01/30/2006 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| MOHANDESI, JILA M | | 3728 | 012-14200N | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the parent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Ralph D. Chabot

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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Authorized Signature Ralph D. Chabot
Typed or printed name Ralph D. Chabot

Date 01-17-2006

Registration No. 39,133

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